

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 13005		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.					
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: DAY 7/16/16 MON		TIME: MILITARY 1236									
CRASH OCCURRED ON		Private Property		WITHIN THE INTERSECTION OF		343 Columbus Ave											
IF NOT IN INTERSECTION		N MILES _____ FEET _____ W S E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE											
LOG-1		LOG-2		LOC JUR FH9 FILT													
A	UNIT NO. 1	NO OF OCCUPANTS 2	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT	Motorist Mutual									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Anstactt, Julie C		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		1830 Oregonia Rd, Lebanon Ohio 45036											
PHONE NO.		513-934-5217		BIRTH DATE	5/28/57	AGE	59	SEX	F	SOCIAL SECURITY NO.	7 014 RF265291	OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same		ADDRESS								PHONE					
VEH YR		2002		MAKE	Hyundai	MODEL	Sonata	COLOR	Blue	STYLE	EXD	STATE	OH	LICENSE PLATE NO.	CA14QR	TOWING SERVICE	VEH/PED DIR
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO. 2	NO OF OCCUPANTS	2	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT	Safeco								
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		Powell, Amber Lynn		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		343 Columbus Ave Apt B, Lebanon Ohio											
PHONE NO.		513-545-2755		BIRTH DATE	12/30/88	AGE	22	SEX	F	SOCIAL SECURITY NO.	04 6A95359C	OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same		ADDRESS								PHONE					
VEH YR		2002		MAKE	Ford	MODEL	Escape	COLOR	BLK	STYLE	SON	STATE	OH	LICENSE PLATE NO.	GPB8231	TOWING SERVICE	VEH/PED DIR
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES							
1		Allen, Carrie Anne		11/11/73		42		A B C D E F		5 5 5							
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		SEX		CONDITION							
										1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED							
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		SEX		P-PEDESTRIAN							
										1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN							
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		SEX		RESTRAINTS							
										1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED							
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL									
D E F		INJURED TAKEN TO		By		A B C D E F		TESTED									
A B C		OFFENSE CHARGED AND DESCRIPTION		CITY ORD.		A B C D E F		TESTED									
D E F		OFFENSE CHARGED AND DESCRIPTION		CITY ORD.		A B C D E F		TESTED									
A B C		RECEIVED CAL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES					
D E F		DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY							
M 7/16/16		YES NO		Fry		119											